

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Glen Thomas		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Governor's Office	
POSITION Secretary		CB/D NUMBER		DIVISION OR BUREAU Office of the Secretary of Education	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		INDEX NUMBER 131	
1121 L Street #600		1121 L Street #600		TELEPHONE NUMBER 916-322-9204	
CITY Sacramento	STATE ca	ZIP CODE 95814	CITY Sacramento	STATE ca	ZIP CODE 95814

1) MONTH/YEAR June 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
07	0530	Sacramento/Santa Fe		4.99	6.11		3.81						14.91
08		Santa Fe			10.00	18.00							28.00
09	1930	Santa Fe/Sacramento		4.98	10.00			14.27		27.00			56.25
11	1400	Sacramento/Modesto				18.00							18.00
12	1900	Modesto/Sacramento		6.00									6.00
10) SUBTOTALS				15.97	26.11	36.00	3.81	14.27		27.00			123.16

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 123.16

1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/7-9/09 NGA Center for Best Practices/ Governor's Education Advisors, Santa Fe, New Mexico

6/11-12/09 CPSUV Board Meeting, Modesto, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

5) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rates have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE

PAID BY

DATE

6/16/09

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/82)

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Page 1 of 1 Pages

CLAIMANT'S NAME Glen Thomas		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Governor's Office	
POSITION Secretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary of Education	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER 131	
1121 L Street #600		1121 L Street #600		TELEPHONE NUMBER 916-322-9204	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95814	Sacramento	CA	95814

(1) MONTH/YEAR June		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
22	0500 2300	Sacto/San		6.00	10.00					13.00			29.00	
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	-													
	-													
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(10) SUBTOTALS				6.00	10.00					13.00			29.00	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 29.00

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/22/09 Maria Schriver event with Governor and Michell Obama, San Francisco, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S

DATE

6-29-09

(16.)

DATE

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